

**MICHIGAN OFFICE OF SERVICES TO THE AGING
SENIOR PROJECT FRESH/MARKET FRESH
2014 MARKET MASTER APPLICATION**

1. Market Master Name: _____
Last First Middle Initial

2. Market Name: _____

3. Market Street Address: _____

4. Market City: _____ 5. Market Zipcode: _____

6. Market County: _____

7. Market Telephone: (for customers) _____

8. E-mail address: _____

9. This application is for: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Farmers Market with multiple farmers | <input type="checkbox"/> Farmers Market with single farmer |
| <input type="checkbox"/> Roadside Stand | <input type="checkbox"/> Travel to multiple markets |

10. How many farmers are you expecting to represent as the Market Master? _____

11. Mailing address if different from above:

Street: _____
City: _____ State: _____ Zipcode: _____
County: _____

12. Were you a Market Master last year?

- ☐ YES My 1, 2 or 3 digit number is: _____
☐ NO

13. Please give written directions to your market/roadside stand:

14. If your market/roadside stand has any of the following, please list:

Website: _____
Facebook page: _____
Twitter: _____
Instagram: _____
Google+: _____

15. Indicate each month of business your market is open:

- ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct

16. Days/Hours of Market Operations:

Sunday hours: _____ Thursday hours: _____

Monday hours: _____
Tuesday hours: _____
Wednesday hours: _____

Friday hours: _____
Saturday hours: _____

17. Do you and/or each of your farmers that are participating in Senior Project FRESH carry locally grown, eligible fresh, nutritious, unprepared fruits and vegetables and locally collected honey (if applicable)?
☐ YES ☐ NO
18. Are you and/or each of the farmers you represent that are participating in Senior Project FRESH a grower of at least some of the eligible products that you are selling? Note: a grower is defined as an individual or group that has a plot of land or garden that is wholly or partially dedicated to growing produce.
☐ YES ☐ NO
19. If I am registering for the first time, I agree to participate in training required by the USDA.
☐ YES ☐ NO ☐ NOT APPLICABLE
20. New and Returning Market Masters: I agree to read the 2014 Market Master Guidebook and agree to follow the rules and procedures listed in the Guidebook, as well as those issued during the current season.
☐ YES ☐ NO
21. State of Michigan budget office identification number. (The number assigned to you by the State of Michigan Budget Office). This is the Employer Identification Number (EIN) of the market or agency that reimburses the farmers, or the social security number of the market master. _____
22. My signature below indicates that I certify that the information on this registration is true and correct to the best of my knowledge and belief.

Signature

Date

Daytime Phone Number if we have questions on your registration: _____

Please return this completed form to:

Sherri King
Michigan Office of Services to the Aging
300 E Michigan Ave. 3rd Floor
Lansing MI 48933
E-mail: kings1@michigan.gov
Fax: 517-373-4092

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